

<b>CONTRACTOR USE ONLY</b>		<b>CONTRACT NO.</b> N40085-12-C-7714	<b>TRANSMITTAL NO.</b> DR 1338	<b>DATE</b> 4/20/2016
<b>FROM CONTRACTOR</b> Dragados USA - (B) (6)		<b>PROJECT TITLE AND LOCATION</b>		
<b>TO</b> OICC (B) (6) Supervisory Construction Manager		P1383 & P1484 - New Base Entry Point and Road at the MCB Camp Lejeune		

<p align="center"><b>CONTRACTOR USE ONLY</b></p> <p align="center">*List only one specification division per form</p> <p align="center">List only one of the following categories on each transmittal form. and indicate which is being submitted</p> <p> <input checked="" type="checkbox"/> Contractor Approved         <input type="checkbox"/> OICC Approval         <input type="checkbox"/> Deviation/Substitution For OICC Approval       </p>	<p align="center"><b>REVIEWER USE ONLY</b></p> <p align="center">** ACTION CODES</p> <p>A-Approved D-Disapproved AN-Approved as noted RA-Receipt acknowledged C-Comments R-Resubmit</p>
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ITEM NO	PROJ. SPEC. SECT. & PARA. and/or PROJ DWG. NO.	ITEM IDENTIFICATION (Type, size, model no., Mfg name, dwg. or brochure number)	NO. OF COPIES	ACTION CODES ***	REVIEWER'S INITIALS CODE AND DATE
1	01 45 00.00 20	3/28/2016 Daily Report	1		

CONTRACTOR'S COMMENTS

DATE RECEIVED BY REVIEWER		FROM (Reviewer)	(b) (6)
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- ☐ Submittals are returned with action indicated. Approval of an item does not include approval of any deviation from the contract requirements unless the contractor calls attention to and supports the deviation.
- ☐ Submittals are forwarded to LANTDIV with A-E recommendations indicated in REVIEWER USE ONLY Section and in comments below on ONE COPY of the transmittal form.

REVIEWER'S COMMENTS

COPIES TO: ROICC (2) LANTDIV (1) A-E (1)	DATE	SIGNATURE
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<b>CONTRACTOR QUALITY CONTROL REPORT</b>				MON <b>28-Mar-2016</b>	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)				1337	
<b>PHASE</b>	<b>CONTRACT NO</b> N40085-12-C-7714	<b>CONTRACT TITLE</b> P1383 & 1384 - New Base Entry Point and Road			
<b>PREPARATORY</b>	<b>WAS PREPARATORY PHASE WORK PERFORMED TODAY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST</b>				
	<b>Schedule</b>	<b>Definable Feature of Work</b>	<b>Index #</b>		
	<b>Activity No.</b>				
<b>INITIAL</b>	<b>WAS INITIAL PHASE WORK PERFORMED TODAY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST</b>				
	<b>Schedule</b>	<b>Definable Feature of Work</b>	<b>Index #</b>		
	<b>Activity No.</b>	N/A			
<b>FOLLOW-UP</b>	<b>WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>WORK COMPLIES WITH SAFETY REQUIREMENTS?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	<b>Schedule</b>	<b>Description of Work, Testing Performed &amp; By Whom, Definable Feature of Work, Specification</b>			
	<b>Activity No.</b>	<b>Section, Location and List of Personnel Present</b>			
		<b>QCS: QCM (day)(night) B&amp;E: (B) (6) (day) Rain: 0.0" FO gauge, 0.0" A6 gauge</b>			
	<b>Weather</b>	Tepid in early morning at mid 50sF, warming through day to 80F. Mostly cloudy all day.			
	<b>NCDENR</b>	Regular crew doing site inspection.			
	<b>BP04160</b>	QCM had B&E conduct concrete cylinder break in Afternoon. PCC broke over 4000 psi. QCM alerted DUSA staff all operations on bridge are green-lighted to proceed. In evening, DUSA removed Holcomb Blvd EB1 SB diaphragm forms. Triangle unable to begin work on pipes yet due to RCP not yet delivered.			
	<b>BP04520</b>				
	<b>BP04510</b>	QCM informed that AMEC has chosen to include the bottom K9 bars in the fixed diaphragms. The bars may be bent whichever way allows them to be shoe-horned into the space at the bottom of the diaphragm. QCM forwarded this information to DUSA bridge crew and both bridge and project superintendents for their edification and execution.			
	<b>BP02430</b>	Curtis at VC installing walkway awning roof.			
	<b>BP01660</b>	A4 Triangle grooming median with a loader.			
	<b>BP01490</b>	A4 Ramp J. T&D setting light poles on bases at junction with WCR.			
	<b>BP10860</b>	A3 DUSA long reach repairing slopes.			
	<b>BP01110</b>	A3 Onslow paved WCR and Ramp M connection. Grade was checked by DUSA surveyor prior to paving and found within spec. ABC was already checked for depth and due to utility conflict not addressed by designer, there is much more ABC depth than required in this area. Intermediate coat placed both here and at Ramp L connection with WCR. Mainline BER too wet to pave in AM due to rains from previous night. By afternoon road dry. Onslow will pave tomorrow AM.			
	<b>**Note**</b> QCM covering both day and evening shift today.				
<b>REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)</b>			<b>REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)</b>		
<b>Schedule</b>	<b>Description</b>		<b>Schedule</b>	<b>Description</b>	
<b>Activity No.</b>			<b>Activity No.</b>		
<b>BP02990</b>	Remove and replace ramp bkft at C6-Bx Clvrt - DONE		<b>BP01700</b>	Ramp K fill WCR to skimmer placed 4'-6" w/o test - DONE	
<b>BP08400</b>	WCR MSE Panel Gap Mitigation		<b>BP06110</b>	Repair Soffit Spalls BHC - Punch List	
<b>BP04970</b>	BHC Scour at MSE WWs - Ongoing		<b>BP03610</b>	DeWeese Repair Ramp-TAC -Trans to DUSA, repair complete	
<b>BP04990</b>	Fix corner coping BHC EB2 west poured sect.		<b>BP08110</b>	DUSA repair SS EB1 RH MSE Washout, fix tensor strand PART	
<b>REMARKS</b> (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.					
<b>Schedule</b>	<b>Description</b>				
<b>Activity No.</b>					
<b>BP01660</b>	Triangle pushed large windrows of soil over the outside (east) side of bridge and only intermittently tracked by dozer. QCM told this soil destined for redistribution. Soils removed and replaced in compacted lifts tested @ 1' by B&E and passed.				
<small>On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</small>					
					28-Mar-2016
					DATE
<b>GOVERNMENT QUALITY ASSURANCE</b>					
<b>QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT</b>					
					DATE

Dragados - USA  
PO BOX 8408  
Camp Lejeune, NC 28547

03/29/2016

Attention :

(B) (6)

**RE:** Daily Field Report for 03/28/2016  
New Base Entry Point and Road - Dragados-USA  
Building & Earth Project No : RD120382

Ladies and Gentlemen:

On this date, representative(s) of Building & Earth were present to perform construction material testing services at this project site. Our testing and observations for this date include the following:

**FO-1384 :** Field Observations made on this date.

- New Base Entry Road: Earthwork Observation
- New Base Entry Road: Concrete Sample Pick Up

For Information Only  
For Information Only

### Closing

The testing and observations identified above have been reviewed by our project manager. If you have questions regarding this information, please do not hesitate to contact us.

Respectfully Submitted,  
Building & Earth Sciences, LLP

**Enclosures :** FO-1384

## Field Observations Report

Project Name:	New Base Entry Point and Road - Dragados-USA	Project Number:	RD120382
Client Name:	Dragados - USA	Placement#:	FO-1384
Contractor:	Dragados - USA	Technician:	(B) (6)
Monitoring:	Full Time		

### 1 : New Base Entry Road: Earthwork Observation

On this date a Building and Earth representative had been on site as requested to monitor earthwork activities in preparation for density testing. On this date site soil conditions were inadequate for the placement of additional fill or density testing due to rain activity over the previous weekend. Measured by onsite rain gauges a rain fall event of over 1.0 inch was recorded. According to the contractor previously placed fill will be allowed to dry before any compaction operations or fill operations will resume.

These observations were reported to (b) (6) Dragados QCM.

### 2 : New Base Entry Road: Concrete Sample Pick Up

Our representative obtained concrete test samples molded on 3/24/2016 from the site, transported the specimens to our laboratory, and placed them in a controlled curing environment. Our representative retrieved a total of 16 concrete cylinders from 2 sets. Strength testing will be performed on the test samples at various curing ages as directed in the project specifications.





**CP-373**  
Set#1

Placement Date: 02/29/2016  
Field Technician: (B) (6)  
Laboratory Control Number: 116523

### Report of Concrete Compressive Strength - ASTM C39

Project Name:	New Base Entry Point and Road - Dragados-USA	Ambient Temperature:	50-70
Project Number:	RD120382	Weather:	Clear
Project Location:	Camp Lejeune, NC	Wind Conditions:	Breezy
Client:	Dragados - USA	Client's Rep:	(B) (6)
Contractor:	N/R	Superintendent:	(B) (6)
		Field Data Reported to:	(B) (6)

### Design & Specification Data

Mix ID: 25064935 (1) NCDOT Class AA 78M	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Bridge Deck	Method of Placement:	Hydraulic Pump
		Method of Consolidation:	Internal Vibrator
Location of Placement:	New Base Entry Road / Wallace Creek Bridge	Southbound Lane Deck / Spans I, J and K	

#### Concrete Batch Information::

Date Received in Lab: 03/01/2016

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
2*	3050	14093104	10:20	10:37	11:55	-		10	20

#### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
2*	66° F	71° F	3.25	5.2	0.00	8	11:30	Wallace Creek Bridge Deck 20' North of Exp Joint at Spans K and L to 40' N

#### Concrete Compressive Strength - ASTM C39

Sample #	Test Date	Sample Age	Sample Dimensions (in)	Sample Area (in sq)	Maximum Load (lbs)	Test Strength (psi)	Type of Fracture	Tested By	Testing Lab
120347	03/01/2016	1d	4.02	12.69	20540	1620	1	JM	Jacksonville
120348	03/02/2016	2d	4.00	12.57	37420	2980	2	JM	Jacksonville
120349	03/03/2016	3d	4.00	12.57	47645	3790	1	JM	Jacksonville
120350	03/07/2016	7d	4.00	12.57	64610	5140	1	JM	Jacksonville
120351	03/07/2016	7d	4.00	12.57	63250	5030	1	JM	Jacksonville
120352	03/28/2016	28d	4.01	12.63	85515	6770	1	JM	Jacksonville
120353	03/28/2016	28d	4.01	12.63	83365	6600	1	JM	Jacksonville
120354	03/28/2016	28d	4.01	12.63	84085	6660	1	JM	Jacksonville

\* Indicated Non-Compliant Load

These test results apply only to the specific samples tested and may not be indicative of the entire concrete placement. Reports may not be reproduced except in full, without the written permission of Building & Earth Sciences

(B) (6)

Reviewed By



CP-373  
Set#1

Placement Date: 02/29/2016  
Field Technician: (B) (6)  
Laboratory Control Number: 116523

### Report of Concrete Compressive Strength - ASTM C39

Project Name:	New Base Entry Point and Road - Dragados-USA	Ambient Temperature:	50-70
Project Number:	RD120382	Weather:	Clear
Project Location:	Camp Lejeune, NC	Wind Conditions:	Breezy
Client:	Dragados - USA	Client's Rep:	(B) (6)
Contractor:	N/R	Superintendent:	(B) (6)
		Field Data Reported to:	(B) (6)

### Design & Specification Data

Mix ID: 25064935 (1) NCDOT Class AA 78M	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Bridge Deck	Method of Placement: Hydraulic Pump
		Method of Consolidation: Internal Vibrator
Location of Placement:	New Base Entry Road / Wallace Creek Bridge	Southbound Lane Deck / Spans I, J and K

Load #	Truck #	Ticket #	Reason for Non-Compliance
2	3050	14093104	Finish Time(11:55) is greater than 90 minutes after the Batch Time(10:20)

(B) (6)

Reviewed By



**CP-385**  
Set#1

Placement Date: 03/21/2016

Field Technician: (B) (6)

Laboratory Control Number: 116671

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70

Weather: Clear

Wind Conditions: Breezy

Client's Rep: (B) (6)

Superintendent:

Field Data Reported to:

### Design & Specification Data

Mix ID: 25064931 (1) Class AA	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Bridge Deck Diaphragm	Method of Placement: Crane and Bucket
		Method of Consolidation: Internal Vibrator
Location of Placement:	New Base Entry Road / Holcomb Blvd Bridge	Northbound Lane / Diaphragm at Bent 1
Concrete Batch Information::		Date Received in Lab: 03/23/2016

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
3	3114	14093515	13:49	14:33	15:15	-		10	30

### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
3	54° F	65° F	5.00	7.0	0.00	6	14:40	HBB NBL Bent 1 Diaphragm 6" to 12" below deck grade

### Concrete Compressive Strength - ASTM C39

Sample #	Test Date	Sample Age	Sample Dimensions (in)	Sample Area (in sq)	Maximum Load (lbs)	Test Strength (psi)	Type of Fracture	Tested By	Testing Lab
121629	03/28/2016	7d	4.01	12.63	66425	5260	1	JM	Jacksonville
121630	03/28/2016	7d	4.01	12.63	67830	5370	1	JM	Jacksonville
121631		28d							
121632		28d							
121633		28d							
121634		SPARE							

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610 Spring Branch Road  
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[www.BuildingandEarth.com](http://www.BuildingandEarth.com)

(B) (6)

Reviewed By



**CP-387**  
Set#1

Placement Date: 03/24/2016

Field Technician: (B) (6)

Laboratory Control Number: 116702

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70  
Weather: Partly Cloudy  
Wind Conditions: Breezy  
Client's Rep: (B) (6)  
Superintendent:  
Field Data Reported to:

### Design & Specification Data

Mix ID: 25064931 (1) Class AA	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Bridge Deck	Method of Placement: Hydraulic Pump
		Method of Consolidation: Internal Vibrator
Location of Placement:	New Base Entry Road / Holcomb Blvd Bridge	Southbound Lane / Bridge Deck Span A
Concrete Batch Information::		Date Received in Lab: 03/28/2016

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
2	3142	14093589	19:12	19:30	20:27	-		10	20

### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
2	67° F	77° F	5.50	5.7	0.00	8	19:35	Holcomb Bridge SBL Span A End Bent 1 to 5' South

### Concrete Compressive Strength - ASTM C39

Sample #	Test Date	Sample Age	Sample Dimensions (in)	Sample Area (in sq)	Maximum Load (lbs)	Test Strength (psi)	Type of Fracture	Tested By	Testing Lab
121894	03/28/2016	4d	4.01	12.63	51875	4110	1	JM	Jacksonville
121895		5d							
121896		7d							
121897		7d							
121898		28d							
121899		28d							
121900		28d							
121901		SPARE							

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(B) (6)

Reviewed By



CP-387  
Set#2

Placement Date: 03/24/2016

Field Technician: (B) (6)

Laboratory Control Number: 116702

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70  
Weather: Partly Cloudy  
Wind Conditions: Breezy  
Client's Rep: (B) (6)  
Superintendent:  
Field Data Reported to:

### Design & Specification Data

Mix ID: 25064931 (1) Class AA	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Bridge Deck	Method of Placement:	Hydraulic Pump
		Method of Consolidation:	Internal Vibrator
Location of Placement:	New Base Entry Road / Holcomb Blvd Bridge	Southbound Lane / Bridge Deck Span A	
Concrete Batch Information::		Date Received in Lab: 03/28/2016	

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
11	3135	14093598	21:29	21:43	22:12	-		10	110

### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
11	64° F	79° F	6.00	7.0	0.00	8	22:05	Holcomb Bridge SBL Span A 20' N of bent 1 to 25' N of bent 1

### Concrete Compressive Strength - ASTM C39

Sample #	Test Date	Sample Age	Sample Dimensions (in)	Sample Area (in sq)	Maximum Load (lbs)	Test Strength (psi)	Type of Fracture	Tested By	Testing Lab
121902	03/28/2016	4d	4.01	12.63	52545	4160	1	JM	Jacksonville
121903		5d							
121904		7d							
121905		7d							
121906		28d							
121907		28d							
121908		28d							
121909		SPARE							

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(B) (6)

Reviewed By



CONTRACTOR PRODUCTION REPORT				DATE	
VCT 09-033		(ATTACH ADDITIONAL SHEETS IF NECESSARY)		Monday March 28, 2016	
CONTRACT NO N40085-12-C-7714		TITLE AND LOCATION Camp Lejeune Base Entry Point and Road		REPORT NO. 1.284	
CONTRACTOR Dragados USA		Rain Gauge 24 hr Data: 0.04 inches		SUPERINTENDENT (B) (6)	
AM WEATHER Rain / Overcast		PM WEATHER Mostly Cloudy		MAX TEMP 80	
				MIN TEMP 57	
WORK PERFORMED TODAY					
Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	NUMBER
BP01590	Area 4: Erosion maintenance	Dragados USA	3	Operations/General Labor	30
BP08990	HB: Maintenance of traffic	Dragados USA	2	Operations/General Labor	24
BP04160	HB: fold burlap, poly span A and B	Dragados USA	2	Operations/General Labor	5.5
BP04520	HB SB: prep for pour, drill saddle holes, place screed rail, remove run off rail, train matt, cut offs, housekeeping NB&SB	Dragados USA	2	Operations/General Labor	15.5
BP04160	HB NB Span: grnd diaphragms and under edge of deck	Dragados USA	2	Operations/General Labor	23
BP04510	HB B3 SB Diaphragms: continued install of formwork ties and wailers	Dragados USA	4	Operations/General Labor	21
BP04510	HB B1 SB Diaphragms: secured formwork and foamed gaps	Dragados USA	3	Operations/General Labor	10
BP04520	HB Span C-D SB Overhangs: stripped additional overhang brackets	Dragados USA	3	Operations/General Labor	6
BP04510	HB EB1 SB Diaphragms: finished stripping Eb1 expansion formwork	Dragados USA	2	Operations/General Labor	12
BP04160	HB Span A-B NB Deck: cleaned and removed all carpenter materials	Dragados USA	1	Operations/General Labor	4
BP04520	HB SB Span A-B Deck: stripped end of deck bulkhead, continued 4' bulkheads and end of Span B bulkhead	Dragados USA	3	Operations/General Labor	18
BP04300	HB EB2 SB cap: flew rebar for cap for DT Read	Dragados USA	1	Operations/General Labor	5
BP04150	HB B1 NB Diaphragms: stripped roadside formwork	Dragados USA	2	Operations/General Labor	12
BP01710	Area 5: staked curb and fence for MPT #3	Dragados USA	1	Surveyor	7
BP00200	Area 1/Ramp T: recovered communication vault 13	Dragados USA	1	Surveyor	3
BP04160	HB: fold burlap, poly span A and B	Consolidated Staffing	4	Operations/General Labor	12
BP04520	HB SB: prep for pour, drill saddle holes, place screed rail, remove run off rail, train matt, cut offs, housekeeping NB&SB	Consolidated Staffing	4	Operations/General Labor	28
BP04510	HB B3 SB Diaphragms: continued install of formwork ties and wailers	Consolidated Staffing	2	Operations/General Labor	21
BP04510	HB B1 SB Diaphragms: secured formwork and foamed gaps	Consolidated Staffing	1	Operations/General Labor	1.5
BP04520	HB Span C-D SB Overhangs: stripped additional overhang brackets	Consolidated Staffing	1	Operations/General Labor	2
BP04510	HB EB1 SB Diaphragms: finished stripping Eb1 expansion formwork	Consolidated Staffing	1	Operations/General Labor	6
BP04160	HB Span A-B NB Deck: cleaned and removed all carpenter materials	Consolidated Staffing	2	Operations/General Labor	11
BP04520	HB SB Span A-B Deck: stripped end of deck bulkhead, continued 4' bulkheads and end of Span B bulkhead	Consolidated Staffing	5	Operations/General Labor	33
BP04300	HB EB2 SB cap: flew rebar for cap for DT Read	Consolidated Staffing	1	Operations/General Labor	5
BP04150	HB B1 NB Diaphragms: stripped roadside formwork	Consolidated Staffing	1	Operations/General Labor	6
BP00760	Area 3/Ramp L: perform final grade checks	Consolidated Staffing	1	Surveyor	1
BP00770	Area 3/Ramp M: perform final grade checks	Consolidated Staffing	1	Surveyor	1
BP01800	Area 5/MPT3: stake curb & fence	Consolidated Staffing	1	Surveyor	5
BP00200	Area 1/Ramp T: locate and expose comm vault 13	Consolidated Staffing	1	Surveyor	3
	No work	A-1 Pavement Markings	0	Pavement Striping	0
	No work	Advance Concrete	0	Concrete	0
	No work	All Crane	0	Crane Assembly	0
	No work	Applied Foundation Testing	0	PDA Testing	0
	No work	B&H	0	Insulation	0
	No work	Basepoint	0	Design Building	0
	No work	Blackwater	0	Electricians High Voltage	0
	No work	Blackwater	0	Electricians Telecomm	0
	No work	Blount Sanford	0	Slipform/Barrier Walls	0
	No work	Bradshaw Plumbing	0	Plumbing	0
BP03560	Area 1 Earthwork observation	Building & Earth	1	QC Testing	2.5
BP00280	Area 2 Earthwork observation	Building & Earth	1	QC Testing	2.5
BP04520	HB Concrete sample pick up	Building & Earth	1	QC Testing	1.5
	No work	Building & Earth	0	QC Testing	0
	No work	Bullington Construction	0	Guardrailing	0
	No work	Carolina Paint	0	Painter	0
	No work	CDCI	0	Utilities (water/sewer)	0
	No work	Charles Hughes Const.	0	Concrete	0
	No work	Clark Pavement Marking	0	Pavement Striping	0
	No work	Coastal Geothermal	0	Geothermal energy	0
	No work	Curtis Construction	0	Roofing	0
	No work	Curtis Construction	0	Roofing	0
	No work	Delta Contracting, Inc.	0	Fireplace Installation	0
	No work	Dixie Dozer	0	Earthwork	0
BP04230	HB NB Barrier wall and End cap SB	D T Read Steel	4	Rebar	28
	No work	D T Read Steel	0	Rebar	0
	No work	Eco Express	0	Erosion control	0
	No work	Elite	0	Utilities (water/sewer)	0
	No work	Ernest Glass	0	Glass/Window installation	0
	No work	Geoquip	0	Crane Assembly	0
	No work	Green State Power	0	Solar Arrays	0
BP02420	VC: Housekeeping	Group III Management	1	Design Building	9.5
BP02200	CLEO: installing panels under building	Group III Management	2	Design Building	18
BP02200	CLEO: Paint at all locations	Hanover Coatings	3	Painter	21
	No work	Hanover Coatings	0	MSE wall installers	0

No work	Harry S. Cummings, Inc.	0	Design Building	0	
No work	Hatcher Construction	0	Plumbing	0	
No work	Hawley's Welding	0	Welding	0	
No work	Hercules Fence	0	Fence Installers	0	
No work	Industrial Concrete, Inc.	0	Concrete	0	
No work	Jackson Lawn &	0	Landscaping	0	
No work	JMK Developers	0	Electricians Telecomm	0	
BP02480	VC finished roughing in service counter wall and pulling strings in pipes for service counter wall, troubleshooting pole light circuit H1-21	J.T. Yates Electric Svcs	2	Electrician	21
No work	J.T. Yates Electric Svcs	0	Electrician	0	
No work	LJ Construction	0	Electrical	0	
No work	Labor Ready	0	Design Building	0	
No work	Lee Mechanical	0	Mechanical & Electrical	0	
No work	Lee Mechanical	0	Mechanical & Electrical	0	
No work	Martin-Pinero	0	SIP Forms	0	
No work	Menard/US Wick Drain	0	Infrastructure	0	
No work	Metal Crafters	0	Infrastructure	0	
No work	Midasco	0	Infrastructure	0	
No work	Midsouth Rail Road Srvc	0	Railroad Signals	0	
No work	Morton Trucking	0	Paving/concrete work	0	
No work	Morton Trucking	0	Paving/concrete work	0	
No work	Morton Trucking	0	Paving/concrete work	0	
No work	Niquesapes	0	Landscaping	0	
BP01110	Area 3/Ramp L. place binder @ 4" R19 0C (430 35 Tons)	Onslow Paving & Grading	11	Paving	116.5
No work	Pearless Communications	0	Electrical	0	
No work	Quantum Insulation	0	Insulation	0	
No work	Razorback Boring	0	Boring	0	
No work	Rush	0	Foundation	0	
No work	SDS Flooring	0	Flooring Installers	0	
No work	Seashore Builders	0	Building Structure	0	
No work	Simplex	0	Electrical	0	
No work	Strongarm Welding	0	Welding	0	
BP01490	Area 4 Installed poles and security lights Area 4 Ramps J & K	T&D Solutions	4	Electrical	48
No work	TAC	0	Mechanical & Electrical	0	
BP01940	Area 4/Pit 4: Cast dirt in the pit, bladed road for ease of entry for trucks and other vehicles	Triangle	4	Earthwork	34
BP01710	Area 5 raise box structures to grade SB WCB str# 68 69, 73	Triangle	5	Earthwork	42.5
No work	Triangle	0	Truck Driver	0	
No work	Trueline	0	Boring	0	
No work	Truss Link	0	Building Structure	0	
No work	VFC Lightning Protection	0	Lightning Protection	0	
No work	W & W Ceiling	0	Building Structure	0	
No work	Watkins Flooring	0	Flooring Installers	0	
No work	Yto-Eta	0	Building Structure	0	
No work	Yto-Eta	0	Building Structure	0	

  

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <b>JOB SAFETY</b> </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	WAS CRANE/LIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE? <small>(If YES attach statement or checklist showing inspection performed)</small>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action)</small>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED		<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET

06:55 - Sean Driscoll, CHST assumes the duties as SSHO, Site Inspection - No new hazards identified.  
 07:00 - Toolbox Talk - Ergonomics in Construction (33 Attendees)  
 07:45 - Reviewed daily work plan with Barry Harby (Superintendent).  
 09:45 - Site Inspection - DUSA - no deficiencies. Visitor's Center - no deficiencies. CLEO - no deficiencies. Triangle - no deficiencies.  
 14:10 - Site Inspection - DUSA - no deficiencies. Visitor's Center - no deficiencies. CLEO - no deficiencies. Triangle - no deficiencies.  
 17:30 - Night Shift - Steven Gladstone, CSP, CIH takes over duties as SSHO. Tom Keyes takes over duties as Superintendent.  
 07:00 - Site turned-over to Day Shift. (Year to Date: No Incidents O RIR, Project Start to date 0 LTI)

Schedule Activity No.	EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN	
Schedule Activity No.	Submittal #	Description of Equipment/Material Received
BP01110		14-0133-151 - Onslow Grading & Paving - 430 35 Tons (21 Loads) - Ramp L
BP01590		CL B RipRap - Martin Marietta - 105.41 Tons (5 Loads) - Ramp L

  

Dragados USA (B) (6)		Monday March 28, 2016
CONTRACTOR/SUPERINTENDENT		DATE
COMBINED FORM 01450-1 (9/98)		SHEET 2 OF 4



CONTRACTOR PRODUCTION REPORT			DATE
(CONTINUATION SHEET)			Monday March 28, 2016
CONTRACT NO N40088-12-C-7714	TITLE AND LOCATION Camp Lejeune Base Entry Point and Road	REPORT NO 1,284	
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER			
Schedule Activity No	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
Not used	All Crane	Dragados Rental: Manitowoc 999 Crane	0
BP04520	All Crane	Dragados Rental: CAT Telehandler TL943C	4
BP04510	All Crane	Dragados Rental: CAT Telehandler TL943C	1
BP04520	All Crane	Dragados Rental: CAT Telehandler TL943C	2
BP04300	All Crane	Dragados Rental: CAT Telehandler TL943C	2
Not used	All Crane	Dragados Rental: CAT Loader 930K	0
Not used	All Crane	Dragados Rental: CAT Loader 930K	0
Not used	Dragados	Roller Compactor	0
BP04510	All Crane	S-45 Aerial Lift	7
Not used	All Crane	S-45 Aerial Lift	0
BP04510	All Crane	S-60 Aerial Lift	4
BP04520	All Crane	S-60 Aerial Lift	2
BP04520	All Crane	S-80 Aerial Lift	4
Not used	All Crane	Aerial Lift	0
Not used	Dragados	Plate Tamp	0
Not used	Dragados	Dozer	0
BP01590	Dragados	Skid Steer	6
Not used	Dragados	Skid Steer	0
Not used	All Crane	Dragados Rental: Grove RT9100 100 Ton Crane	0
BP04520	All Crane	Dragados Rental: HSL-138 Link Belt 80 Ton	4
BP04300	All Crane	Dragados Rental: HSL-138 Link Belt 80 Ton	4
Not used	All Crane	Dragados Rental: 999	0
Not used	All Crane	Dragados Rental: 999	0
Not used	All Crane	Dragados Rental: 85 Ton Link Belt Crane	0
Not used	All Crane	Dragados Rental: Link Belt RTC-8065 85 Ton	0
Not used	All Crane	Dragados Rental: Link Belt RTC-8065 85 Ton	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Auto Level	0
Not used	Dragados	Auto Level	0
Not used	Dragados	Auto Level	0
BP01710	Dragados	Topcon GPS Hyperlite	8
BP00200	Dragados	Topcon GPS Hyperlite	1
Not used	Dragados	Topcon GPS Hyperlite	0
Not used	Dragados	Topcon GPS Hyperlite	0
Not used	Dragados	Topcon AZ Level	0
Not used	Dragados	Topcon AT B4	0
Not used	GeoQuip	Dragados Rental: 7260 Crane	0
Not used	Gregory Poole	Dragados Rental: 950-H Loader	0
Not used	Gregory Poole	Dragados Rental: 340 Mini Excavator	0
Not used	Gregory Poole	Dragados Rental: 304 Mini Excavator	0
Not used	Gregory Poole	Dragados Rental: 340 Mini Excavator	0
BP01590	Gregory Poole	Dragados Rental: 320L Excavator	9
Not used	Gregory Poole	Dragados Rental: 320L Excavator	0
Not used	United Rentals	Dragados Rental: Straw blower (used by Jackson's lawn)	0
Not used	Advance Concrete	Quickie Saw Hascavama	0
Not used	B&E	Nuclear Gauge 31717	0
Not used	B&H	Aerial Lift	0
Not used	Blount Sanford	6511 Machine Miller	0
Not used	Bullington Construct	Pounder	0
Not used	CDCI	308 Komatsu E-198	0
Not used	CDCI	L60 Volvo Loader	0
Not used	CDCI	E078 Komatsu Trackhoe	0
Not used	CDCI	312 Cat Skid Steer	0
Not used	CDCI	Taukiuchi Excavator	0
Not used	CDCI	E-271 Front End Loader	0
Not used	CDCI	E293 CAT D5 Dozer	0
Not used	Charles Hughes	Skid Steer	0
Not used	Charles Hughes	Mini Excavator	0
Not used	Clark Pavement	Stnper	0
Not used	Clark Pavement	Eradicator	0
Not used	Coastal Geothermal	DR 120 Dnll Rig	0
Not used	Coastal Geothermal	DR 120 Dnll Rig	0
Not used	Coastal Geothermal	Case 580L	0
Not used	Coastal Geothermal	JCB 508-C Fork Lift	0
Not used	Coastal Geothermal	Geo Loop 50/500 grout plant	0
Not used	Coastal Geothermal	Cat Mini X	0
Not used	Curtis Construction	Lull Forklift	0
Not used	Curtis Construction	Genie 80'	0
Not used	Curtis Construction	JLG 80' Manlift	0
Not used	Curtis Construction	Sky Jack	0
Not used	Curtis Construction	Panel & Soffit machine	0
Not used	Curtis Construction	Dump truck	0
Not used	Delta Contracting	Wirtgen W220 Mill	0
Not used	Delta Contracting	International Water Truck	0
Not used	Delta Contracting	Chevrolet 3500 Truck	0
Not used	Dixie Dozer	Backhoe / Loader	0
Not used	Elite	Komatsu 270	0
Not used	Group III	Aerial Lift JLG 600S	0
Not used	Group III	JLG 20MLV	0
Not used	Group III	New Holland Skid Steer LX865	0
Not used	GW Cantrell	Roller Compactor	0
Not used	Hardscapes	Excavator DS/DX140	0
Not used	Hardscapes	54" Drum Roller	0

Not used	Hardscapes	Skid Steer	0
Not used	Industrial Concrete	Kabota mini-ex	0
Not used	Jackson Lawn	Straw Blower	0
Not used	Jackson Lawn	Hydroseeder	0
Not used	Jackson Lawn	Water Truck	0
Not used	Jackson Lawn	New Holland Bobcat	0
Not used	Jackson Lawn	Mini Excavator	0
Not used	Jackson Lawn	Lawn Mower	0
Not used	Jackson Lawn	Magnum Sod Machine	0
Not used	J.T. Yates	Scissor Lift/SkyJack	0
Not used	J.T. Yates	Aerial Lift (Neff) #2074017	0
Not used	Kelly Plumbing	Mini Excavator	0
Not used	Kelly Plumbing	Plate Tamp	0
Not used	Kelly Plumbing	Bobcat E32	0
Not used	Lee Mechanical	Manlift x 2	0
Not used	Martin-Pinero	Welding Machine GX300	0
Not used	Menard	218 100 ton Link Belt	0
Not used	Menard	Komatsu Excavator 360	0
Not used	Menard	John Deere front end loader	0
Not used	Menard	Ingersoll-Rand 750	0
Not used	Menard	MQPower 400 Generator	0
Not used	Menard	25W Generator	0
Not used	Menard	Welder	0
Not used	Menard	Manlift	0
Not used	Morton Trucking	Power Curber 5700-C	0
Not used	Onslow Grading	120 CAT Grader	0
Not used	Onslow Grading	CAT Roller	0
Not used	Onslow Grading	CAT Roller	0
Not used	Onslow Grading	Motor Grader CAT DH 6540	0
Not used	Onslow Grading	Dyna Pac Roller	0
BP01110	Onslow Grading	CAT 1000 Paver JB103	10.5
Not used	Onslow Grading	CAT Paver 600-D JB-105	0
Not used	Onslow Grading	CAT Paver JB 107	0
Not used	Onslow Grading	CAT Paver	0
Not used	Onslow Grading	Hypac 766C Roller	0
Not used	Onslow Grading	Hypac Roller JB 205	0
BP01110	Onslow Grading	CAT Backhoe JB 508	10.5
Not used	Onslow Grading	CAT Backhoe	0
Not used	Onslow Grading	CAT Backhoe	0
Not used	Onslow Grading	Sakai Roller	0
BP01110	Onslow Grading	Sakai Roller	10.5
BP01110	Onslow Grading	Bomag Roller	10.5
Not used	Onslow Grading	Bomag Roller	0
Not used	Onslow Grading	Laymore 8HC Broom	0
Not used	Onslow Grading	CAT 224D Roller	0
BP01110	Onslow Grading	Broom Tractor	10.5
Not used	Onslow Grading	Broom Tractor	0
Not used	Onslow Grading	Water Truck F700	0
Not used	Onslow Grading	Transfer Buggy	0
Not used	Onslow Grading	Vibratory Soil Compactors	0
Not used	Rush Masonry	Mixer	0
Not used	Rush Masonry	Saw	0
Not used	Rush Masonry	644 Lull #6	0
Not used	Seashore	Forklift 8035	0
Not used	Seashore	National Crane 800D	0
Not used	Seashore	Welding Machine	0
Not used	Seashore	Aerial Lift	0
Not used	T&D Solutions	Backhoe #7409	0
BP01490	T&D Solutions	Backhoe #7150	12
BP01490	T&D Solutions	Truck #885	12
Not used	T&D Solutions	Truck #274	0
Not used	T&D Solutions	Truck #886	0
Not used	T&D Solutions	Truck #2137	0
Not used	T&D Solutions	Truck # 9246	0
Not used	T&D Solutions	Truck # 9257	0
Not used	T&D Solutions	Line Truck #2285	0
BP01490	T&D Solutions	Line Truck #2283	12
Not used	T&D Solutions	Line Truck #2153	0
Not used	T&D Solutions	Trencher #7167	0
Not used	Triangle	1611 Roller	0
Not used	Triangle	1611 Roller	0
Not used	Triangle	1065 Roller	0
Not used	Triangle	1281 Roller	0
Not used	Triangle	1519 Roller	0
Not used	Triangle	1519 Roller	0
Not used	Triangle	1593 Roller	0
Not used	Triangle	978 Dynapac Roller	0
Not used	Triangle	1609 Roller Ingersoll	0
Not used	Triangle	813 Trackhoe	0
Not used	Triangle	1029 JD Tractor	0
Not used	Triangle	1029 JD Tractor	0
Not used	Triangle	721 Tractor	0
Not used	Triangle	1028 Tractor	0
Not used	Triangle	1564 Pan	0
Not used	Triangle	4850 JD with tiller	0
Not used	Triangle	9400 JD with drag	0
Not used	Triangle	Sakai Roller	0
Not used	Triangle	345 Backhoe	0
Not used	Triangle	1431 Backhoe	0
Not used	Triangle	1593 Excavator	0
BP01940	Triangle	813 Excavator	8
Not used	Triangle	1085 Excavator	0
Not used	Triangle	1223 Excavator	0
Not used	Triangle	1417 Excavator	0
BP01940	Triangle	1182 Excavator	8

Not used	Triangle	1382 Excavator	0
BP01940	Triangle	1648 Excavator	8
Not used	Triangle	1552 Excavator	0
Not used	Triangle	1552 Excavator	0
Not used	Triangle	1430 Excavator	0
Not used	Triangle	1430 Excavator	0
Not used	Triangle	1142 Excavator	0
Not used	Triangle	Long Reach Excavator	0
Not used	Triangle	Takeuchi TB 138	0
Not used	Triangle	1014 644J JD Excavator	0
Not used	Triangle	300LC Excavator	0
Not used	Triangle	1564 Scraper	0
Not used	Triangle	1417 JD 270	0
Not used	Triangle	CAT 320E	0
Not used	Triangle	300 Komatsu	0
Not used	Triangle	980 JD	0
Not used	Triangle	982g CAT Loader	0
Not used	Triangle	835D Bell Hauler	0
Not used	Triangle	1029 JD Loader	0
Not used	Triangle	Widener 1589	0
Not used	Triangle	1320 862 JD	0
Not used	Triangle	1014 Loader	0
Not used	Triangle	968 Loader	0
Not used	Triangle	1076 Loader	0
Not used	Triangle	1076 Loader	0
Not used	Triangle	1431 Loader	0
Not used	Triangle	1273 Loader	0
Not used	Triangle	1273 Loader	0
Not used	Triangle	955 Loader	0
Not used	Triangle	L-150 Volvo Loader (955)	0
Not used	Triangle	930 CAT Loader 1028	0
Not used	Triangle	CAT Rubber Tire	0
Not used	Triangle	158 Rock Box	0
Not used	Triangle	158 Dozer	0
Not used	Triangle	1504 Dozer	0
Not used	Triangle	896 Dozer	0
Not used	Triangle	986 Dozer	0
Not used	Triangle	257 Dozer	0
Not used	Triangle	1232 Dozer	0
Not used	Triangle	1657 Dozer	0
Not used	Triangle	1657 Dozer	0
Not used	Triangle	364 Grader	0
BP01940	Triangle	Motor Grader 1011	8
Not used	Triangle	Motor Grader 1011	0
Not used	Triangle	TS 31 Terex Off Road	0
Not used	Triangle	TS 34 Terex Off Road	0
Not used	Triangle	7106 Terex	0
Not used	Triangle	Skid Steer 1577	0
Not used	Triangle	8300 JD Disk	0
Not used	Triangle	Water Truck 3422	0
Not used	Triangle	Water Truck 1593	0
Not used	Triangle	Water Tank	0
Not used	Triangle	Backhoe	0
Not used	Triangle	Welder	0
Not used	Truss Link	Man Boom	0
Not used	Truss Link	Sissorlift	0
Not used	Truss Link	Forklift	0
Not used	Yto-Eta	Genie Lift 222972	0
Not used	Yto-Eta	Aerial Lift	0

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### DAILY WORK SITE SAFETY INSPECTION

SUPERINTENDENTS: (B) (6), Superintendent (Day); (B) (6), Superintendent (Night)

SPECIFIC AREA(S) INSPECTED: Entire Site

INSTRUCTIONS: Performed daily by Dragados USA Health and Safety Department.

Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leather Work Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Pans Secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Guardrail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall openings guarded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orange fencing up (where necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"A" Frame ladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planking/Floor secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher
Hoisting and Rigging Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained
Temporary Barricades											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulbs Caged for Temp lighting				
Environmental											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?		0		Estimated hazardous material generated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											
06:55 – (B) (6) CHST assumes the duties as SSHO; Site Inspection – No new hazards identified.											
07:00 – Toolbox Talk – Ergonomics in Construction (33 Attendees)											
07:45 – Reviewed daily work plan with (B) (6) (Superintendent).											
09:45 - Site Inspection – DUSA – no deficiencies. Visitor's Center – no deficiencies. CLEO – no deficiencies. Triangle – no deficiencies.											
14:10 - Site Inspection – DUSA – no deficiencies. Visitor's Center – no deficiencies. CLEO – no deficiencies. Triangle – no deficiencies.											
17:30 – Night Shift – (B) (6), CSP, CIH takes over duties as SSHO. (B) (6) takes over duties as Superintendent											
07:00 – Site turned-over to Day Shift. (Year to Date: No Incidents 0 RIR; Project Start to date 0 LTI.)											
INSPECTION(S) PERFORMED BY:						TITLE:			DATE:		
(B) (6) CHST (Day)						Alternate SSHO			28 March 2016		
(B) (6) CSP, CIH (Night)						SSHO					

Date 3/28/16 Weather

CREW Erosion / MDT

DRAGADOS USA

Signature

(B) (6)

	1	2	3	4	5	6	7	8	9	10	11	12	Total	INJURY?	INITIAL
<b>EC MDT</b>															
(B) (6)	0	12											12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	10												10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	10												10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	10												10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	0	12											12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EQUIPMENT</b>															
TOTAL	15	0	0	0	0										
Excavator	0	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loader	0	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skid steer Loader	6	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mini Excavator	0	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dozer	0	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Reach Exc	9	0												<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MATERIALS</b>															
TOTAL	15	0	0	0	0										
<b>Subs</b>															
SUBCONTRACTOR 1															
<b>SUBCONTRACTOR 3</b>															
<b>SUBCONTRACTOR 4</b>															
<b>SUBCONTRACTOR 2</b>															

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

## WORK SITE SAFETY INSPECTION

**SUPERVISOR/FOREMAN:**

(B) (6)

**SPECIFIC AREA(S) INSPECTED:**

### Site-Wide

**INSTRUCTIONS:** Performed daily by subcontractor superintendent/foreman of work area responsible for. Daily Work Site Safety Inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.  
Y=Yes, N= No, NA=Not applicable

Pre-Work														
Y	N	NA		Y	N	NA		Y	N	NA				
X	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	X	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available							
X	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	X	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation							
X	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	X	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected							
X	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	X	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present							
<b>Personal Protective Equipment</b>														
Y	N	NA		Y	N	NA		Y	N	NA				
X	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	X	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	X	Face shields			
X	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	X	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	X	Welding hood and gloves			
X	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	X	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	X	Burning goggles			
<b>Fall Protection (100% Fall Protection Required at six feet or greater)</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	X	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	X	Horizontal lifeline checked			
<input type="checkbox"/>	<input type="checkbox"/>	X	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	X	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	X	Wall openings guarded			
<input type="checkbox"/>	<input type="checkbox"/>	X	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	X	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	X				
<b>Ladders and Scaffolding</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	X	Stepladders in open position			
<input type="checkbox"/>	<input type="checkbox"/>	X	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	X	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	X	Components not damaged			
<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	X	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	XX	Planking secured			
<b>Housekeeping</b>														
X	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input type="checkbox"/>	<input type="checkbox"/>	X	Trash cans in work area	X	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed			
X	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	X	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Hoisting and Rigging Equipment</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	X	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	X	Slings/chokers stored			
<input type="checkbox"/>	<input type="checkbox"/>	X	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	X	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	X	Cranes flagged off			
<input type="checkbox"/>	<input type="checkbox"/>	X	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	X	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	X	Lift zone designated			
<b>Mobile Equipment</b>														
X	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	X	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	X	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection			
X	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	X	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	X	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around			
X	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	X	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	X	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made			
<b>Excavations</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	X	Shore / shield /slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	X	Excavation checked daily			
<input type="checkbox"/>	<input type="checkbox"/>	X	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	X	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	X	Workers trained			
<input type="checkbox"/>	<input type="checkbox"/>	X	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	X	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	X	Verification of ID'd Utilities			
<b>Temporary Barricades</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	X	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	X	Barricade removed or disposed of properly			
<b>Electrical</b>														
<input type="checkbox"/>	<input type="checkbox"/>	X	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	X	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	X	GFCI working			
<b>Environmental</b>														
X	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	X	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	X	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas			
<input type="checkbox"/>	X	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	X	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements			
Any Environmental Concerns?														
Comments														
INSPECTION PERFORMED BY:														
TITLE:														
DATE:														
(B) (6)	Foreman					2-28-16								

## DAILY RISK ASSESSMENT

## DRAGADOS USA

Safety : **(B) (6)**  
Project Manager: **(B) (6)**Super: **(B) (6)**  
Job #:Foreman: **(B) (6)**  
Date and Time: 3-28-16 - 7:40 AM

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	Erosion Maintenance	1	Impalement	1	Use Rebar Caps	
2		2	Slips	2	Watch Footing, and Material	
3		3	Trips	3	Keep All Walkways Clear Of Debris	
4		4		4		
5		5		5		
6		6		6		
7		7		7		
8		8		8		
9		9		9		
10		10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input checked="" type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other

## REQUIRED TOOLS

<input type="checkbox"/> Air Monitor	<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input type="checkbox"/> Electrical Cords	<input checked="" type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

## EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input checked="" type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print: **(B) (6)**  
Print: **(B) (6)**  
Print: **(B) (6)**  
Print: **(B) (6)**Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**Date: 3-28-16  
Date: 3-28-16  
Date: 3-28-16  
Date: 3-28-16Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**Date: **(B) (6)**  
Date: **(B) (6)**  
Date: **(B) (6)**  
Date: **(B) (6)**



# DAILY RISK ASSESSMENT

Safety : (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager: (B) (6)

Job #:

Date and Time: 3-28-16

Operation:

OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

## DRAGADOS USA

TASKS		HAZARDS	CORRECTIVE ACTIONS		RISK
1	MOT " Night Work "	1 Low Light	1	Use Light Plants To Illuminate Area	
2		2 Traffic	2	Wach For Cars, Wear Reflective Gear	
3		3 Slips	3	Only Work In Well Lit Areas	
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood

☐ Face Shield

☐ Safety Goggles

☐ Hearing Protection

☐ Fire Extinguishers

☐ Welding Screen

☐ Beam Walkers

☐ Full Body Harness

☐ 2-Legged Lanyard

☐ Respirators (Type)

☐ Self-Retracting Lanyard

☐ Welding Hood

☐ Chain Saw Chaps

☐ Cutting Goggles

☐ Multi-gas Monitor

☐ Rubber Over Boots

☐ Stop Paddles

☐ Other

### REQUIRED TOOLS

☐ Air Monitor

☐ Chop Saw

☐ Electrical Drill

☐ Hydraulic Jacks

☐ Portable Bandsaw

☐ Other

☐ Blower

☐ Concrete Bucket

☐ Electrical Grinder

☐ Impact Wrench

☐ Powder Actuated Tools

☐ Other

☐ Chain Saw

☐ Cutting Torch

☐ Generator

☐ Ladders

☐ Pry Bar

☐ Other

☐ Chipping Gun

☐ Electrical Cords

☐ Hand Tools

☐ Nail Guns

☐ Roto Hammer

☐ Other

☐ Blowpipe

☐ Stripping Buggy

☐ Sawzall

☐ Vibrator

☐ Welding Machine

☐ Other

### EQUIPMENT TO BE USED

☐ Aerial Lift

☐ Compaction Equip.

☐ Dozer

☐ Hammer/Vibro. Leads

☐ Rigging Equipment

☐ Trench Plates

☐ Air Compressor

☐ Concrete Buggy

☐ Excavator

☐ Hydraulic Cranes

☐ Rock Drill

☐ Vacuum Truck

☐ Air Tools

☐ Concrete Pump

☐ Forklift

☐ Light Towers

☐ Shoring Equipment

☐ Other

☐ Backhoe/Loader

☐ Concrete Trucks

☐ Flatbed Trucks

☐ Menzi Mucker

☐ Traffic Control Trucks

☐ Other

EVACUATION ROUTE

What is your evacuation route and assembly point?

Signature: (B) (6)

Date:

Signature: (B) (6)

Date:

Signature:

Date:

Signature:

Date:

Signature: (B) (6)

Date:

Signature: (B) (6)

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Date: 3.28.16

3.28.16 Weather: S M T W Th F S  
CREW Bridge Crew

25

Weather 82°  
S M T W Th F S  
Bridge Crew

**DRAGADOS USA**

**Signatur**

(b) (6)

[illegible]

# DRAGADOS USA

## Camp Lejeune Base Entry Point and Road

### DAILY WORK SITE SAFETY INSPECTION

SUPERINTENDENT'S NAME:

(b) (6)

SPECIFIC AREA(S) INSPECTED:

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for Daily Work Site Safety inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.

Y=Yes, N=No, NA=Not applicable

#### Pre-Work

Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment posted in conspicuous place at work site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout performed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers physically ready for work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All training completed for work to be performed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSDS Sheets obtained and available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members.

#### Personal Protective Equipment

Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses with side shields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests

#### Fall Protection (100% Fall Protection Required at six feet or greater)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Ladders and Scaffolding

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured

#### Housekeeping

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Hoisting and Rigging Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated

#### Mobile Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Excavations

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore/shield/slope/bench proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained

#### Temporary Barricades

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
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#### Electrical

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
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#### Environmental

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

(b) (6)

TITLE:

Foreman

DATE:

3-28-16

# DAILY RISK ASSESSMENT

Safety (B) (6)  
Project Manager

Super: (B) (6)  
Job #:

Foreman: (B) (6)  
Date and Time: 3-28-16

## DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Weekly Safety Meeting	1 Pinch Points	1 Stay Clear of Fix Objects and Moving	
2 HR NB Fold Burlap	2 Slips - Trips - Falls	2 Equipment - Good House Keeping	
3 HB SQ Prep For Pour	3 Gasoline	3 Keep away from machines	
4 Personal Day	4 Dehydration	4 Drink plenty water	
5 HB Grind + Rub NB Span A	5 Fatigue	5 get sleep	
6	6		
7	7		
8	8		
9	9		
10	10		

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other
<input type="checkbox"/> Air Monitor	<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input checked="" type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input checked="" type="checkbox"/> Electrical Cords	<input checked="" type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

### EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

### EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

CREW SIGNATURES	CREW SIGNATURES
Print (B) (6)	Print (B) (6)
Signature: (B) (6)	Signature: (B) (6)
Date: 3-28-16	Date: 3-28-16
Print (B) (6)	Print (B) (6)
Signature: (B) (6)	Signature: (B) (6)
Date: 3-28-16	Date: 3-28-16
Print (B) (6)	Print (B) (6)
Signature: (B) (6)	Signature: (B) (6)
Date: 3-28-16	Date: 3-28-16



**Signature:**

SUBCONTRACTOR 1	107 Road 4 gyps SB 3p - A-B Barrier SB FB 2 cap steel
SUBCONTRACTOR 2	
SUBCONTRACTOR 3	
SUBCONTRACTOR 4	

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Holcomb Blvd

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

#### Pre-Work

Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present

#### Personal Protective Equipment

Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles

#### Fall Protection (100% Fall Protection Required at six feet or greater)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blue fencing up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Ladders and Scaffolding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold inspected and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planking secured

#### Housekeeping

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Hoisting and Rigging Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated

#### Mobile Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made

#### Excavations

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of ID'd Utilities

#### Temporary Barricades

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger Yellow-Caution)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
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#### Electrical

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
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#### Environmental

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements

Any Environmental Concerns?

None

#### Comments

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

Bridge Foreman

3-28-16

# DRAGADOS USA

## DAILY CRANE SAFETY INSPECTION CHECKLIST

HRS-9851  
E-9861

Equipment  
Number:  
Contractor  
Name:

Equipment  
Type:

138 4/13 HSC 80T Or.

Operator Name: (b) (6)

Contract Location:

CL MCB-NC

Shift:

D

Date:

3-28-16

CHECKS	Check Appropriate Box Below:		
	OK	N/A	REPAIR
Hoist Cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boom Cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit Switches, Boom Stops, Pins & Keepers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Control & Cylinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoist Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering Mechanism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-Up Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ADJUSTMENTS OR REPAIRS NEEDED:

Operator  
Signature:

(b) (6)

TURN IN WHITE COPY DAILY TO SUPERVISOR  
KEEP YELLOW COPY IN BOOK



# DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 66055

Inspector: (B) (6)

Job #: Holcomb Blvd

Week Beginning: 3-28-2016

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes	✓							
Base Operation Controls	✓							
Basket Operation Controls	✓							
Foot Controls (if applicable)	✓							
Safety Signs (Readable)	✓							
<b>Boom</b>								
Hydraulic Leaks	none							
Extension Chain & Pivot Pins	✓							
Electrical Lines	✓							
Basket Cage and Gate	✓							
Anchorage Points	✓							
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts	none							
Leaks	none							
Electrical	✓							
Tires & Outriggers	✓							
Back Up Alarm & Manual	✓							
<b>Engine Compartment (Visual)</b>								
Oil Level	✓							
Fuel Level	1/2 Tank							
Belt, Hose & Motor Condition	✓							
Battery & Electrical	✓							

Addition Notes: 978.5 Hour

Fuel - 1/2 Tank

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 83283

Inspector: **(B) (6)**

Job #: Holcomb

Week Beginning: 3-28-16

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes	✓							
Base Operation Controls	✓							
Basket Operation Controls	✓							
Foot Controls (if applicable)	✓							
Safety Signs (Readable)	✓							
<b>Boom</b>								
Hydraulic Leaks	✓							
Extension Chain & Pivot Pins	✓							
Electrical Lines	✓							
Basket Cage and Gate	✓							
Anchorage Points	✓							
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts	✓							
Leaks	✓							
Electrical								
Tires & Outriggers	✓							
Back Up Alarm & Manual	✓							
<b>Engine Compartment (Visual)</b>								
Oil Level	✓							
Fuel Level	✓							
Belt, Hose & Motor Condition	✓							
Battery & Electrical	✓							

Addition Notes: Hours 1515

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 10154984

Inspector: (B) (6)

Job #: Holcomb

Week Beginning: 3-28-16

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes	✓							
Base Operation Controls	✓							
Basket Operation Controls	✓							
Foot Controls (if applicable)	✓							
Safety Signs (Readable)	✓							
<b>Boom</b>								
Hydraulic Leaks	✓							
Extension Chain & Pivot Pins	✓							
Electrical Lines	✓							
Basket Cage and Gate	✓							
Anchorage Points	✓							
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts	✓							
Leaks	✓							
Electrical	✓							
Tires & Outriggers	✓							
Back Up Alarm & Manual	✓							
<b>Engine Compartment (Visual)</b>								
Oil Level	✓							
Fuel Level	1/2							
Belt, Hose & Motor Condition	✓							
Battery & Electrical								

Addition Notes: hr 873.4

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Safety & Maintenance Inspection - Telehandlers

SAFETY.CAT.COM™

Operator/Inspector  
Serial Number TL

(b) (6)

Date 3-28-16 Time 7:15  
Machine Hours 1168.2

What are you inspecting?	What are you looking for?	Evaluator Comments
For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer		

### ON THE MACHINE, OUTSIDE THE CAB

Mirror	✓ Clean, damage, properly adjusted	
Windows	✓ Clean, damage, front and top	
Windshield Wipers	✓ Arm and rubber blade intact	N/A
Forks	✓ Damage, cracks, misalignment, check welds, locking pins in place and secure	
Warning Decals	✓ Missing, legible, damaged	
Tires	✓ Damage, pressure, bulges	
Wheels	✓ Loose lug bolts, bent rims, cracks	
Differentials	✓ Oil leaks, cracks in housing	
Guards and covers	✓ Damage, in place	
Steps and Handrail	✓ Damage, cleanliness	
Stabilizer Arms, Cylinders, Pads	✓ Damage, oil leaks, cylinder rod, missing bolts	
Battery/Terminals	✓ Cable connections, water, clean -no corrosion	
Overall Machine	✓ Loose or missing nuts & bolts, Loose guards, Damaged parts, cleanliness	

### ENGINE COMPARTMENT

Engine Oil	✓ Fluid level	
Engine Coolant	✓ Fluid level	
Hydraulic Oil	✓ Fluid Level	
Air Filter	✓ Restriction indicator	
Radiator	✓ Fin blockage, leaks, cleanliness	
All Hoses	✓ Cracks, wear spots, leaks	
All Belts	✓ Tightness, wear, cracks, delamination	
Overall Engine Compartment	✓ Trash or dirt buildup, leaks	

### INSIDE THE CAB

ROPS or FOPS	✓ Damage, loose bolts	
Seat	✓ Adjustment, pedal travel	
Seat Belt & Mounting	✓ Damage, wear, adjustment, age of install, manufacture date	
Fire Extinguisher	✓ Charge, damage, inspection card to date	
Horn, backup alarm, lights, wipers	✓ Proper Function	
Controls, gauge lenses	✓ Proper Function, cleanliness	
Overall Cab Interior	✓ Cleanliness	

SAFETY.CAT.COM™  
<http://safety.cat.com/checklists>

V0810.1

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# CATERPILLAR

(b)  
(6)

Date and Time: 7-28-16

## Description:

Description:

(b)  
(6)

Date and Time: 7-28-16

1. Maintain good housekeeping
2. 20' clearance / listen for bedding alarms
3. Stay clear under work above
4. Be aware of crane activity
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

☐ Self-Retracting lanyard

☐ Welding Hood

☐ Stop Paddles

☐ Other \_\_\_\_\_

<input type="checkbox"/> Power-actuated tools	<input type="checkbox"/> Other _____
<input type="checkbox"/> Powder-actuated tools	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pry bar	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sledge hammer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Welding machine	<input type="checkbox"/> Other _____

<input type="checkbox"/> Ripping equipment	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Other
<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Traffic Control Trucks	

1

Signature

00-16

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**DRAGADOS USA**

(b) (6)

[illegible]



**CAMP LEJEUNE BASE ENTRY POINT AND ROAD**

## SUBCONTRACTOR:

**SUPERVISOR/FOREMAN:**

**SPECIFIC AREA(S) INSPECTED:**

(B) (6)

DRAG-ANDS USA

ARJUN S @ MALHOTRA PREET

**INSTRUCTIONS:** Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N=No, NA=Not applicable

## Pre-Work

Pre-Work

Y	N	NA	<input checked="" type="checkbox"/> AHA reviewed and signed by all members, and posted. <input checked="" type="checkbox"/> SDS Sheets obtained and available
Y	N	NA	<input checked="" type="checkbox"/> Daily Risk Assessment communicated, understood and signed by workers? <input checked="" type="checkbox"/> All required permits obtained <input checked="" type="checkbox"/> Competent Person List (can be on AHA)
Y	N	NA	<input checked="" type="checkbox"/> Area Walked Through / Inspected <input checked="" type="checkbox"/> Necessary Tools and Equipment Present

Fall Protection (100% Fall Protection Required at six feet or greater)		Ladders and Scaffolding		Housekeeping		Hoisting and Rigging Equipment	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hardhat bills forward	Safety glasses	Leatherwork Boot	Guardrail system checked	Floor Openings covered	Blue fencing up	Material stacked orderly	Cords and hoses off floor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reflective Vests	Gloves	Heating Protection	Harness and lanyards checked	Roof Opening guarded	Netting checked	Trash cans in work area	Access maintained
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Face shields	Welding hood and gloves	Burning goggles	Horizontal lifeline checked	Wall openings guarded		Debris removed	
Y	N	Y	N	Y	N		
NA	NA	NA	NA	NA	NA		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lift zone designated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sling/chokers stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cranes tagged off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sling/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily Equipment Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seatbelts used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blind Spots to those around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoters used when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye Contact Being Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation checked daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of ID'd Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Barricades				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All sides of work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barricade removed or disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GFCI working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fueling area meets Dragados/FD requirements	
Any Environmental Concerns?															

## Comments

## STUDENTS OF ROAD HAVE AREAS OF MUD.

INSPECTION PERFORMED BY:

**TITLE:**

DATE:

DATE SURVEY ON

3-26-16

(B) (9)



# DAILY RISK ASSESSMENT

Safety: (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager:

Job #: Camp Lejeune

Date and Time: 3-28-16

DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

C

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Curb layout in area 4	1 Heavy equipment nearby.	1 Make eye contact with operators	C
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point? Dragados trailer or ranger station. EMERGENCY #: 911

## CREW SIGNATURES

Print: (B) (6) Signature: (B) (6) Date: 3-28-16  
 Print: (B) (6) Signature: (B) (6) Date: 3-28-16  
 Print: (B) (6) Signature: (B) (6) Date: 3-28-16  
 Print: (B) (6) Signature: (B) (6) Date: 3-28-16

## CREW SIGNATURES

Print: Signature: Date:  
 Print: Signature: Date:  
 Print: Signature: Date:  
 Print: Signature: Date:

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: Building and Earth Sciences

Subtier Subcontractor: \_\_\_\_\_

Date: 3/28/2016

S M T W Th F S

### ACTIVITY LOCATION & HOURS

	Employee Name	1	2	3	4	Total Hours
		Area 1	Area 2	Holcomb Bridge		
1	(B) (6)	2.5	2.5	1.5		6.5
2						
3						
4						
5						
6						
7						
8						
9						
10						

	Equipment Used/Onsite (Make/ & Model #)	Equipment Hours			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### Activity Work Performed

1	Area 1: Earthquake Observation BP03560
2	Area 2: Earthquake Observation BP00280
3	Holcomb bridge: Concrete Sample Pick Up BP04520
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(b) (6)

3/28/2016

Date

To be submitted daily before the next day

# DRAGADOS USA

Safety: \_\_\_\_\_  
Project Manager: \_\_\_\_\_

Super: \_\_\_\_\_  
Job #: \_\_\_\_\_

Foreman: **(B) (6)**  
Date and Time: 3/28/2016

Operation: Building and Earth Sciences

## HAZARDS

1	Heavy Equipment Operations	1	Watch for moving equipment & Vehicles	L
2	Gas Stove Operation	2	Remove Loose Clothing	L
3		3	- Fire extinguisher	
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other
<b>REQUIRED TOOLS</b>					
<input type="checkbox"/> Air Monitor	<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input type="checkbox"/> Electrical Cords	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

## EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

What is your evacuation route and assembly point?

Print \_\_\_\_\_ Signature: **(B) (6)** Date: 3/28/2016 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

time-in.  
time-out.

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Consolidated

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-16

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### ACTIVITY LOCATION & HOURS

Employee's Name		1	2	3	4	Total Hours
		Area 3 Ramp L	Area 3 Ramp M	Area 5 MPT-3	Area 1 Ramp T	
1	(B) (6)	1	1	5	3	10
2						
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				
1	Topcon Hiper V Rover	1	1	5	3	10
2	Topcon Hiper V Base	1	1	5	3	10
3	Ranger TDS controller	1	1	5	2	10
4						
5						
6						
7						
8						
9						
10						
11						
12						

### ACTIVITY WORK PERFORMED

1	BP00760: Perform Final grade check
2	BP00770: Perform Final grade check
3	BP01800: Stake curb + fence @ MPT-3
4	BP00200: Locate and expose comm vault 13
	(b) (6)

The

all of this information is complete and accurate.

3 29 16

Date

# DAILY RISK ASSESSMENT

Safety (B) (6)

Super (B) (6)

Foreman: (B) (6)

Project Manager:

Job #: Camp Lejeune

Date and Time: 3-28-16

## DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Same work @ Mpt-3 Areas	1 Heavy Equipment	1 Avoid Blind spots	L
2	2 Slips, trips and falls	2 Ensure stable footing	L
3			
4			
5			
6			
7			
8			
9			
10			

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other
<input type="checkbox"/> Air Monitor	<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input type="checkbox"/> Electrical Cords	<input checked="" type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

### MENT TO BE USED

<input type="checkbox"/> arial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> r Compressor	<input type="checkbox"/> Concrete Buggy	<input type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> r Tools	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> ckhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

### UTION ROUTE

What is your evacuation route and assembly point? Dragados Trailer, Ranger Station

EMERGENCY #: 911

### CREW SIGNATURES

### CREW SIGNATURES

Signature: (B) (6)	Date: 3-28-16	Print	Signature:	Date:
Signature:	Date:	Print	Signature:	Date:
Signature:	Date:	Print	Signature:	Date:
Signature:	Date:	Print	Signature:	Date:

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: D. T. Reed Steel

Subtier Subcontractor: \_\_\_\_\_

Date: \_\_\_\_\_

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### ACTIVITY LOCATION & HOURS

Employee's Name	1	2	3	4	Total Hours
1 (B) (6)	H.B. SB. 4.5	H.B. Endcap 2.5			7
2 (B) (6)	4.5	2.5			7
3 (B) (6)	5	2			7
4 (B) (6)	5	2			7
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### ACTIVITY WORK PERFORMED

1	Barrier wall Holc. Blvd - South bound
2	End cap Holcomb Blvd.
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

5/20/16

Date

To be submitted daily before the next day.



# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

SPECIFIC AREA(S) INSPECTED:

*DT Road Street Co.*  
**(B) (6)**  
*CPE*

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

Pre-Work			Y	N	NA	Y	N	NA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAHA reviewed and signed by all members, and posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment			Y	N	NA	Y	N	NA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection (100% Fall Protection Required at six feet or greater)			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders and Scaffolding			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stapladders in open position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting and Rigging Equipment			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crane flagged off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Equipment			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavations			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Barricades			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental			Y	N	NA	Y	N	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

TITLE:

DATE:

**(B) (6)**

*Foreman*

*3/28/16*



# DAILY RISK ASSESSMENT

DRAGADOS USA

Safety: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Operation: \_\_\_\_\_

Super: \_\_\_\_\_  
Job #: \_\_\_\_\_

Foreman: **(B) (6)**  
Date and Time: 3/29/16 12:00pm

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

M

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 tie barrier into 11-span A	1 fall risk, traffic	1 fall protection (guardrail posts)	M
2		2 pay attention to surroundings	
3			
4 fly steel for end butt 2	4 over head loads, random	4 proper PPE, pay attention to H	H
5 Chock and saddle bound	5 flying objects	5 surroundings, use certified riggers	
6		6 and signal men	
7			
8			
9			
10			

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type)
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

Print **(B) (6)** Signature **(B) (6)** Date: 3/28/16  
 Print **(B) (6)** Signature **(B) (6)** Date: 3/28/16  
 Print **(B) (6)** Signature **(B) (6)** Date: 3/28/16  
 Print **(B) (6)** Signature **(B) (6)** Date: 3/28/16

## CREW SIGNATURES

Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

V.C.

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Grove III

Subtier Subcontractor: G3

Date: 3/28/16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name		1	2	3	4	Total Hours
1	(B) (6)	9.5				9.5
2						
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

### ACTIVITY WORK PERFORMED

1	HOUSEKEEPING
2	
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

3/28/16

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

Group 14 mgt

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Visitors Center

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Seen / Notified of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (Note: Fall Protection Required at all levels of greater)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slingchokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slingchokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Superintendent

DATE:

3/28/16

## DAILY RISK ASSESSMENT

Safety : **(B) (6)**  
Project Manager: **(B) (6)**  
Operation:

Super: **(B) (6)**  
Job #: **P383**  
Foreman: **(B) (6)**  
Date and Time: **3/28/16**

**DRAGADOS USA**

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

**L**

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	<u>HOUSEKEEPING</u>	1	<u>CUTS, TRIP HAZARDS, BACK STRAIN</u>	1	<u>PPE, STAY ALERT, PROPER LIFTING</u>	<u>L</u>
2		2		2		
3		3		3		
4		4		4		
5		5		5		
6		6		6		
7		7		7		
8		8		8		
9		9		9		
10		10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- |  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other          |

## REQUIRED TOOLS

- |                                       |   |   |  |  |                                |
|---------------------------------------|---|---|--|--|--------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw         | <input type="checkbox"/> Electrical Drill   | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket  | <input type="checkbox"/> Electrical Grinder | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch    | <input type="checkbox"/> Generator          | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords | <input type="checkbox"/> Hand Tools         | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy  | <input type="checkbox"/> Sawzall            | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other |

## EQUIPMENT TO BE USED

- |   |  |   |  |   |  |
|---|--|---|--|---|--|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer          | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input type="checkbox"/> Excavator      | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift       | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other         |

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print <b>(B) (6)</b>	Signature: <b>(B) (6)</b>	Date: <b>3/28/16</b>	Print	Signature:	Date:
Print	Signature:	Date:	Print	Signature:	Date:
Print	Signature:	Date:	Print	Signature:	Date:
Print	Signature:	Date:	Print	Signature:	Date:



# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

*Group 11/mst*

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

*C/100 K1310*

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

Pre-Work							
Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present
Personal Protective Equipment							
Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (100' Fall Protection Required at 6 x feet or greater)							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
Ladders and Scaffolding							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
Hoisting and Rigging Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?							
Comments							

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

*Superintendent*

DATE:

*03/28/16*



# DAILY RISK ASSESSMENT

Safety: (B) (6)  
 Project Manager: (B) (6)  
 Operation: (B) (6)

Super: (B) (6)  
 Job #: CLEO K1310

Foreman: (B) (6)  
 Date and Time: 03/28/16

## DRAGADOS USA

OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1. Install Enclosure under Bulding	Struct-Bldg	Full PPE	M
2.	Inhalation	Dust Mask	L
3.	Electric Shock	GFCI	L
4.	Caught-In	Spotters / Mechanical Guards	M
5.			
6.			
7.			
8.			
9.			
10.			

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen  
☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☒ Respirators (Type) N95 ☐ Self-Retracting Lanyard ☐ Welding Hood  
☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

### REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☒ Other Circ. Saw  
☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other  
☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other  
☐ Chipping Gun ☒ Electrical Cords ☐ Nail Guns ☐ Roto Hammer ☐ Other  
☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

### EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Riggering Equipment ☐ Trench Plates  
☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck  
☐ Air Tools ☐ Concrete Pump ☒ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other  
☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

What is your evacuation route and assembly point?

EMERGENCY #:

CREW SIGNATURES		CREW SIGNATURES	
Signature: (B) (6)	Signature: (B) (6)	Signature: (B) (6)	Signature: (B) (6)
Print: (B) (6)	Print: (B) (6)	Print: (B) (6)	Print: (B) (6)
Date: 3/28/16	Date: 3/28/16	Date: 3/28/16	Date: 3/28/16

Cleo

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group 14mjt

Subtier Subcontractor: Hanover

Date: 3/28/16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

	Employee's Name	1	2	3	4	Total Hours
		02200				
1	(B) (6)	7				7
2	(B) (6)	7				7
3	(B) (6)	7				7
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite  
(Make & Model Number)

### EQUIPMENT HOURS

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### ACTIVITY WORK PERFORMED

1	Paint at all Locations
2	
3	
4	

The under (b) (6) te by the Subcontractor that all of this information is complete and accurate.

\_\_\_\_\_

3/28/16  
Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

Group 11/mst

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

C/O K1310

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Superintendent

DATE:

3/28/16

# DAILY RISK ASSESSMENT

Safety: (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager: (B) (6)

Job #: 1310

Date and Time: 3/28/16

DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

## TASKS

1	Paint
2	
3	
4	
5	
6	
7	
8	
9	
10	

## HAZARDS

1	Falls
2	
3	
4	
5	
6	
7	
8	
9	
10	

## CORRECTIVE ACTIONS

1	Use Correct Ladders
2	
3	
4	
5	
6	
7	
8	
9	
10	

## RISK

1	Low
2	
3	
4	
5	
6	
7	
8	
9	
10	

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

Signature	(B) (6)	Date: 3/28/16
Signature	(B) (6)	Date: 3/28/16
Signature	(B) (6)	Date: 3/28/16
Signature	(B) (6)	Date: 3/28/16

## CREW SIGNATURES

Print	(B) (6)	Signature: (B) (6)	Date: 3/28/16
Print	(B) (6)	Signature: (B) (6)	Date: 3/28/16
Print	(B) (6)	Signature: (B) (6)	Date: 3/28/16
Print	(B) (6)	Signature: (B) (6)	Date: 3/28/16

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Jackson landscape

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name		1	2	3	4	Total Hours
1	<u>No Work</u>					
2						
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

### ACTIVITY WORK PERFORMED

1	
2	
3	
4	

(b) (6)

or that all of this information is complete and accurate.

3-28-16

Date

To be submitted daily before the next day.



visitor center

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group III

Subtier Subcontractor: J.T. Yates Elec.

Date: 3/28/16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name		1	2	3	4	Total Hours
		BPO2480 Elec.				
1	(B) (6)	10.5				10.5
2	(B) (6)	10.5				10.5
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### ACTIVITY WORK PERFORMED

1	Drive time, finished roughing in service counter wall and pulling strings in pipes for service counter wall, trouble shooting pole light circuit H1-21.
2	
3	
4	

The undersigned is the (b) (6) site by the Subcontractor that all of this information is complete and accurate.

3/28/16  
Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

Group 1H met

T.J. Yates

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Visitors Center

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at all but 10' or greater)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked
Ladders and Scaffolding											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield slope / bench proper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

Superintendent

DATE:

3/20/16

# DAILY RISK ASSESSMENT

Safety: **(B) (6)**  
Project Manager: **(B) (6)**

Super: **(B) (6)**  
Job #: **Visitor Center**

Foreman: **(B) (6)**  
Date and Time: **3/28/16 9:30**

**DRAGADOS USA**

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

**M**

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 <b>Reinforcing IN service counter wall pulling</b>		1 <b>PPE, Guard Howiekeeping, Pay attention</b>	<b>M</b>
2 <b>Straps</b>		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☒ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☒ Portable Bandsaw ☐ Other **Benders**
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☒ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☒ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point? **Job trailer**

EMERGENCY #: **911**

## CREW SIGNATURES

Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**

## CREW SIGNATURES

Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**  
Print **(B) (6)** Signature: **(B) (6)** Date: **3/28/16**

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Onslow Grading & Paving

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-2016

SU (MO) TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name	1	2	3	4	Total Hours
1 (B) (6)	Foreman.				10.5
2 (B) (6)	O.C.				10.5
3 (B) (6)	Operator.				10.5
4 (B) (6)	Operator.				10.5
5 (B) (6)	Operator.				11
6 (B) (6)	Scrub.				10.5
7 (B) (6)	Scrub.				10.5
8 (B) (6)	Life				11
9 (B) (6)	Life.				10.5
10 (B) (6)	Spotter.				10.5

### Equipment Used/Onsite (Make & Model Number)

### EQUIPMENT HOURS

1 (b) (6)	Labor.				10.5
2					
3					
4					
5					
6					
7	Cat Paver.				10.5
8	Cat Backhoe.				10.5
9	Sakai Roller.				10.5
10	Domag Roller.				10.5
11	Droom tractor.				10.5
12					

### ACTIVITY WORK PERFORMED

1	place Binder on ramp L at 4" RZ 19.00. (430.35) TONS.
2	
3	
4	

The undersigned is the Authorized Person on site by the Subcontractor that all of this information is complete and accurate.

(b) (6)

3-28-2016

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

Onslow Grading & Paving

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

#### Pre-Work

Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present

#### Personal Protective Equipment

Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles

#### Fall Protection (100% Fall Protection Required at six feet or greater)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Ladders and Scaffolding

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured

#### Housekeeping

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Materials stacked orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Hoisting and Rigging Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated

#### Mobile Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made

#### Excavations

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities

#### Temporary Barricades

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
--------------------------	--------------------------	--------------------------	---	--------------------------	--------------------------	--------------------------	-----------------------------------	--------------------------	--------------------------	--------------------------	---

#### Electrical

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-----------------------------------	--------------------------	--------------------------	--------------------------	--------------

#### Environmental

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements

Any Environmental Concerns?

Comments

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

Forman.

3-28-2016



# DAILY RISK ASSESSMENT

DRAGADOS USA

Safety :  
Project Manager:

Super:  
Job #:

Foreman:

Operation: Paving Onslow Gradings Paving

Date and Time: 3-28-2016 7:30

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 clean	1 slips/trips	1 Keep work area clean	
2 Layout	2 strains/sprains	2 Drink plenty of water	
3 Pave	3 struck by	3 wear seat belts	
4 Rolling	4 Exposure	4 Wear all P.P.E.	
5		5 Use spotter	
6		6 keep eye contact with operator	
7		7 listen for back-up alarms	
8			
9			
10			

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck ☐ Other
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☒ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

EVACUATION ROUTE What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

Signature: (B) (6)  
Signature: (B) (6)  
Signature: (B) (6)  
Signature: (B) (6)

Date: 3-28  
Date: 3-28  
Date: 3-28  
Date: 3-28

## CREW SIGNATURES

Signature: (B) (6)  
Signature: (B) (6)  
Signature: (B) (6)  
Signature: (B) (6)

Date: 3-28  
Date: 3-28-16  
Date: 3-28  
Date: 3-28-16

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: T&D solutions

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name	1	2	3	4	Total Hours
1 (b) (6)	Foreman				12
2	Operator				12
3	ground man				12
4	ground man				12
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				
1 Truck # 885					12
2 Link Truck #2283					12
3 Backhoe #7150					12
4					
5					
6					
7					
8					
9					
10					
11					
12					

### ACTIVITY WORK PERFORMED

1	Installed Poles and Security lights
2	At area 4 Ramp 15 and 17
3	
4	

The undersigned hereby certifies that the person on-site by the Subcontractor that all of this information is complete and accurate.

(b) (6)

3-28-16

Date

To be submitted daily before the next day.



## Safety & Maintenance Checklist

### Backhoe Loaders

SAFETY.CAT.COM

dragados USA T+D Solutions

Operator/Inspector (B) (6)

Date 3-28-16 Time 6:17 AM

Serial Number 2285

Machine Hours 12

line Truck Back hoe H7150 Truck # 885

What are you inspecting?

What are you looking for?

Evaluator Comments

For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer.

#### FROM THE GROUND

Loader Bucket, GET, Retainers	✓ Wear, Damage, Cracks	✓
Loader Bucket Cylinder & Linkage	✓ Excessive Wear, Damage, Leaks	✓
BH Bucket, GET, Retainers	✓ Wear, Damage, Cracks	✓
BH Bucket Cylinder & Linkage	✓ Excessive Wear, Damage, Leaks	✓
BH Stick	✓ Damage, Cracks	✓
BH Boom, Cylinders	✓ Wear, Damage, Leaks	✓
BH Pivot	✓ Wear, Damage, Leaks, Grease	✓
Undereath Machine	✓ Leaks, Damage, Loose Bolts	✓
Frame	✓ Cracks, Damage	✓
Steps, Handholds	✓ Condition And Cleanliness	✓
Lights	✓ Damage, Cleanliness, Direction	✓
Overall Machine	✓ Loose Or Missing Nuts & Bolts, Loose Guards, Cleanliness	✓

#### ON THE MACHINE

Windshield Wipers & Washers	✓ Wear, Damage, Fluid Level	✓
Engine Coolant	✓ Fluid Level	✓
Radiator	✓ Fin Blockage, Leaks	✓
Hydraulic Oil Cooler	✓ Debris, leaks	✓
Hydraulic Oil Tank	✓ Fluid Level, Damage, Leaks	✓
Fuel Tank	✓ Fuel Level, Damage, Leaks	✓
Fire Extinguisher	✓ Charge, Damage	✓
Mirrors	✓ Damage, Cleanliness	✓

#### ENGINE COMPARTMENT

Engine Oil	✓ Fluid Level	✓
All Hoses	✓ Cracks, Wear, Spots, Leaks	✓
All Belts	✓ Tightness, Wear, Cracks	✓
Batteries & Hold Downs	✓ Cleanliness, Loose Bolts & Nuts	✓
Air Filter	✓ Restriction Indicator	✓
Overall Engine Compartment	✓ Trash Or Dirt Buildup, Leaks	✓

#### INSIDE THE CAB

Seat	✓ Adjustment	✓
Seat Belt & Mounting	✓ Damage, Wear, Adjustment	✓
Horn, Backup Alarm, Lights	✓ Proper Function	✓
Overall Cab Interior	✓ Cleanliness	✓

HTTP://SAFETY.CAT.COM/CHECKLISTS

V06111

# DAILY RISK ASSESSMENT

Safety: (B) (6)  
Project Manager: (B) (6)

Super: (B) (6)  
Job #: 723-068

Foreman: (B) (6)  
Date and Time: 3-28-16 6am

## DRAGADOS USA

Operation: T&D solutions

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Driving	1 Other drivers, pedestrians	1 Defensive driving	
2 Backhoe / Linetuck	2 Slips, trips, & falls; crush hazard	2 3 ft. of contact; watch out riggers	
3 Rigging	3 Improper rigging	3 proper rigging	
4 Setting poles	4 Swinging hazards; pinch points	4 stay out of line of fire, keep fingers clear	
5 Power tools	5 cut hands/limbs	5 keep hands & feet clear of gears in motion	
6 PPE	6 Not seen, cut hands, things in eye	6 wear all company PPE	
7			
8			
9			
10			

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input checked="" type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other

### REQUIRED TOOLS

<input type="checkbox"/> Air Monitor	<input checked="" type="checkbox"/> Chop Saw	<input checked="" type="checkbox"/> Electrical Drill	<input checked="" type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input checked="" type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input checked="" type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input checked="" type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input type="checkbox"/> Electrical Cords	<input checked="" type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input checked="" type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

### EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input checked="" type="checkbox"/> Dozer	<input checked="" type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input checked="" type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input checked="" type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input checked="" type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input checked="" type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input checked="" type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input checked="" type="checkbox"/> Other line truck
<input checked="" type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input checked="" type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menz Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

What is your evacuation route and assembly point? \_\_\_\_\_

EMERGENCY #: \_\_\_\_\_

### CREW SIGNATURES

Signature: (B) (6)	Print: (B) (6)	Signature: (B) (6)	Print: (B) (6)	Signature: (B) (6)	Print: (B) (6)
Date: 3-28-16	Date: 3-28-16	Date: 3-28-16	Date: 3-28-16	Date: 3-28-16	Date: 3-28-16

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-16

S (M) T W Th F S

### ACTIVITY LOCATION & HOURS

	Employee Name	1	2	3	4	Total Hours
		BP01940 area 4/Pit 4	BP01710 area 5-			
1	(B) (6)		8.5			
2						
3		8.5				
4		8.5				
5			8.5			
6		8.5				
7			8.5			
8		8.5				
9			8.5			

Equipment Used/Onsite (Make/ & Model #)		Equipment Hours				
1	Motor grader - 1011	8				
2	Excavator - 1182	8				
3	Excavator - 813	8				
4	Excavator - 11646	8				
5						
6						
7						
8						
9						
10						
11						
12						

### Activity Work Performed

1	Cast dirt in the pit. Bladed road for ease of entry for trucks and other vehicles.
2	Raise box structures to grade - Southbound Ln / Wallace Creek Bridge - Area 5 STR # 68, 69, 73.
3	
4	

I, (b) (6), on-site by the Subcontractor that all of this information is complete and accurate.

Signature

3-28-16  
Date

To be submitted daily before the next day



# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor: \_\_\_\_\_

Date: 3-28-16

S (M) T W Th F S

### ACTIVITY LOCATION & HOURS

Employee Name	1	2	3	4	Total Hours
1 (B) (6)					
2 (B) (6)		8.5			
3 (B) (6)					
4 (B) (6)					
5 (B) (6)					
6 (B) (6)					
7 (B) (6)					
8 (B) (6)					
9 (B) (6)					
10 (B) (6)					

Equipment Used/Onsite (Make/ &Model #)	Equipment Hours				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### Activity Work Performed

1	
2	
3	
4	

Th (b) (6) on on-site by the Subcontractor that all of this information is complete and accurate.

Signature

Date

3-28-16

To be submitted daily before the next day



# DRAGADOS USA

Safety: \_\_\_\_\_ Super: \_\_\_\_\_ Foreman: **(B) (6)**  
 Project Manager: \_\_\_\_\_ Job #: \_\_\_\_\_ Date and Time: 28 Mar 2016  
 Operation:  hauling & Grading  
 OVERALL RISK LEVEL: E: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 _____	1 <u>Personal</u>	1 <u>Placard a safe distance from hazard</u>	
2 _____	2 <u>Equipment</u>	2 <u>Stay aware of surroundings</u>	
3 _____	3 <u>Obstacles</u>	3 <u>at all times</u>	
4 _____	4 <u>Traffic</u>	4 <u>Observe Traffic / Overhead</u>	
5 _____	5 <u>Overhead Clearance</u>	5 <u>Cleance</u>	
6 _____	6 _____	6 _____	
7 _____	7 _____	7 _____	
8 _____	8 _____	8 _____	
9 _____	9 _____	9 <u>Avoid Accidents / Collisions</u>	
10 _____	10 _____	10 _____	

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- |  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other _____    |

## REQUIRED TOOLS

- |                                       |  |  |  |  |                                      |
|---------------------------------------|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> Air Monitor  | <input checked="" type="checkbox"/> Chop Saw | <input type="checkbox"/> Electrical Drill              | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket     | <input checked="" type="checkbox"/> Electrical Grinder | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch       | <input checked="" type="checkbox"/> Generator          | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords    | <input checked="" type="checkbox"/> Hand Tools         | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy     | <input type="checkbox"/> Sawzall                       | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other _____ |

## EQUIPMENT TO BE USED

- |  |   |   |  |   |   |
|--|---|---|--|---|---|
| <input type="checkbox"/> Aerial Lift               | <input checked="" type="checkbox"/> Compaction Equip. | <input checked="" type="checkbox"/> Grader    | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates            |
| <input type="checkbox"/> Air Compressor            | <input type="checkbox"/> Concrete Buggy               | <input checked="" type="checkbox"/> Excavator | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck             |
| <input type="checkbox"/> Air Tools                 | <input type="checkbox"/> Concrete Pump                | <input checked="" type="checkbox"/> Forklift  | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other <u>Dump Trucks</u> |
| <input checked="" type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks              | <input type="checkbox"/> Flatbed Trucks       | <input type="checkbox"/> Menzli Mucker       | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other _____              |

EVACUATION ROUTE \_\_\_\_\_ What is your evacuation route and assembly point?

EMERGENCY #: \_\_\_\_\_

## CREW SIGNATURES

## CREW SIGNATURES

Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>	Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>
Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>	Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>
Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>	Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>
Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>	Print: _____	Signature: <b>(B) (6)</b>	Date: <u>3/28/16</u>